

Surles
3/15

10/034732

TSS OAS REVIEW SHEET

Serial #:

0

Issue Processing

Initials	Date
Surles	3/15

JACKET / ISSUE CLASSIFICATION SHEET

Primary Examiner box complete

Yes No N/A

Issuing Classification complete

Yes No N/A

PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant

Yes No N/A

Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

Yes No N/A

Brief description of drawings includes description of each figure in drawings

Yes No N/A

Continuing data mentioned in 1st paragraph (can be an insert)

Yes No N/A

CLAIMS:

Claims listed on Notice of Allowability match allowed claims and/or index of claims

Yes No N/A

Claims correctly numbered in index (No duplicate or missing claim numbers. And no incorrect dependencies)

Yes No N/A

One sheet of complete claims

Yes No N/A

RAM FEES:

Amount Actually Charged

Amount that Should Have Been Charged

Examiner's amendment
Check box if applicable

CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing)

Yes No N/A

NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked

Yes No N/A

INITIALED BIB SHEET

Initialed Bib sheet is present

Yes No N/A

REVIEWER COMMENTS

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